

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000027229

Entity Name: LIVE OAK REALTY, INC.

**FILED**  
**Aug 27, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

601 E. HOWARD ST  
LIVE OAK, FL 32064

## **New Principal Place of Business:**

## **Current Mailing Address:**

601 E. HOWARD ST  
LIVE OAK, FL 32064

## **New Mailing Address:**

FEI Number: 20-8549931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WETZEL, JOHN P JR  
7271 61ST DR  
LIVE OAK, FL 32060 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WETZEL, JOHN P JR.  
Address: 7271 61ST DR  
City-St-Zip: LIVE OAK, FL 32060

Title: VP (X) Delete  
Name: MIXON, KEITH E  
Address: 836 PEARL AVE  
City-St-Zip: LIVE OAK, FL 32064

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MIXON, KEITH E  
Address: 836 PEARL AVE  
City-St-Zip: LIVE OAK, FL 32064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH MIXON

P

08/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date